

Employment Application

Complete all questions on this application as thoroughly as possible. Please print.

- ❖ If your background does not contain the information requested, write “NONE” in the space provided.
- ❖ Return completed application to: 2023 Vale Road, Suite 210, San Pablo, CA 94806

Personal Data

Legal Name <i>Last, First, M.I.</i>				Social Security Number	
Current Address <i>Number/ Street</i>		City	State	Zip Code	Yrs at Address
Previous Address <i>Number/ Street</i>		City	State	Zip Code	Yrs at Address
Home Telephone No.	Cell Phone or Other Contact No. (optional)		Position Applying For		
Email address:			Today's Date:		
Can you produce evidence of the right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List other names used while in school, employed or in the military (for verification of experience and training)					
Have you ever held a position with Professional Healthcare at Home, Able Care or NP Plus (hereinafter referred to as “the Company”)? If yes, what position? When?				How did you hear of us?	

Education

School Name, City, State	Major/Minor	Graduated	Degree	Grade Point Average
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

U.S. Military Active Duty (Including Reserve or National Guard Service)

From / / To / /	Special Skills or Training Acquired in Service
Branch of Service	Rank

Languages Some of our clients do not speak English as a primary language or are hearing-impaired. If you would be willing to act as an interpreter, on occasion, please indicate your ability level in any other language. Thank you.

Language: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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Applicant Name: _____

Today's Date: _____

Employment History List most recent employers first. Include employers for the past 7 years, or more if desired. Attach an additional sheet if necessary. Complete this section fully.

NOTE: Writing "See Resume" in this space will not be accepted.

Employer's Name		Address		Number/Street	City	State	Zip Code
Employer's Phone #	Employer's Fax #	Dates of Employment		Supervisor's Name/Title			
Your Job Title		From / To /					
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer's Name		Address		Number/Street	City	State	Zip Code
Employer's Phone #	Employer's Fax #	Dates of Employment		Supervisor's Name/Title			
Your Job Title		From / To /					
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer's Name		Address		Number/Street	City	State	Zip Code
Employer's Phone #	Employer's Fax #	Dates of Employment		Supervisor's Name/Title			
Your Job Title		From / To /					
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer's Name		Address		Number/Street	City	State	Zip Code
Employer's Phone #	Employer's Fax #	Dates of Employment		Supervisor's Name/Title			
Your Job Title		From / To /					
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant Name: _____

Today's Date: _____

Criminal Background

Have you ever been convicted of a criminal offense, entered a plea of no contest, had prosecution deferred, or adjudication withheld for any crime except for minor traffic violations?

- Yes *If Yes, please explain:*
- No

Do you currently have charges pending?

- Yes *If Yes, please explain:*
- No

A YES answer to these questions will not automatically bar you from employment with the Company. All relevant circumstances and facts concerning the criminal record/pending charges will be considered in relation to the position for which you are applying.

Professional References *You must also complete three "Reference Check" forms for each individual listed below.*

Name	Occupation	Address	Telephone No.

Professional Licensure or Certification

Type of License or Certification	Issuing State	License Number	Expiration Date	Has your License or Certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below. A YES answer will not automatically bar you from employment with the Company.</i>
Type of License or Certification	Issuing State	License Number	Expiration Date	Has your License or Certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below. A YES answer will not automatically bar you from employment with the Company.</i>

Please state reason for revocation or suspension and the date of reinstatement:

Applicant Name: _____

Today's Date: _____

PLEASE READ CAREFULLY

Application Form Waiver

As indication that you have read and understood each sentence, please initial in each of the spaces provided below.

In exchange for the consideration of my job application by Professional Healthcare at Home, NP Plus or Able Care, hereinafter referred to as "the Company," I agree that:

The acceptance of this application does not indicate that there are any positions open and does not in any way obligate the Company. _____ Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like, as they may exist from time to time, or other practices, shall serve to create an actual or implied contract of employment, _____ or to grant any right to remain an employee of the Company, or to otherwise change in any respect the employment-at-will relationship between it and the undersigned _____ and that relationship cannot be altered except by a written instrument signed by the Owner of the Company. _____ Both the undersigned and the Company may end the employment relationship at any time, with or without specified notice or reason. _____

If employed, I agree to abide by all policies, procedures, rules and practices of the Company. I understand that the Company may unilaterally change or revise their benefits, policies, procedures, rules and practices, and that such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. _____ I declare my answers on this application are true. I understand that the misrepresentation or omission of facts requested is cause for rejection of this application or dismissal at any time without previous notice. _____

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____

I understand that the first ninety (90) days of my employment with the Company shall be considered an introductory period, and that at any time during the introductory period or any time thereafter, my employment relationship with the Company is terminable at will, with or without specified notice or reason by either party. _____ I further understand that in order to successfully complete the introductory period, I may be required to pass a written exam related to my position. _____

Signature of Applicant _____ **Date** _____

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, citizenship, age or disability. We assure you that your opportunity for employment with the Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our agency.

This application will remain active for six months and will be kept on file for two years.